

SMILES AROUND US ACADEMY SUMMER PROGRAM

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SUNSCREEN APPLICATION AUTHORIZATION FORM

school. If necessary, parents should provide sunscreen for their children while at school for school staff to reapply later in the day. The parent must label the sunscreen bottle with the child's name, complete this Sunscreen Application Authorization Form. Additionally, parents may also encourage their child to wear hat when playing outdoors. Please teach your child how to apply sunscreen correctly and talk with your child about the importance of applying sunscreen.	
hild's Name	
s the parent or guardian of the above child, I give permission for the staff at Smiles Around Us Acader apply a sunscreen product on my child, as specified below, when he or she will be engaging in outdoor civities. I understand that sunscreen may be applied to exposed skin, including but not limited to the ce, tops of ears, nose, bare shoulders, arms and legs. Additionally, I have checked and/or indicated elow my directives regarding the type and application of sunscreen:	•
Staff may use the sunscreen that I am providing with this form:	
BrandSPF	
In the event that my provided sunscreen is not available, I give permission to use any available sunscreen.	
Please do not apply sunscreen to the following areas of my child's body:	
Application Instructions:	
As Needed Specific Times	
arent Signature	
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